

Quality Improvement Organization Governance

The American Health Quality Association (AHQA) recently surveyed the extent of consumer and Medicare beneficiary involvement in the governance and guidance of Quality Improvement Organizations (QIOs). AHQA represents the national network of QIOs, which work under contract to the Centers for Medicare & Medicaid services to improve quality of care for Medicare beneficiaries. QIOs that work in all 50 states, Puerto Rico and the Virgin Islands responded to the survey.

Composition of QIO Boards of Directors

Almost all QIOs have between 10 and 20 members on their boards of directors. Of the total 723 members of QIO boards of directors:

- 60% are physicians.
- 14% are consumer or beneficiary representatives.
- 10% are other health care professionals (nurses, public health specialists, hospital administrators, hospital association representatives, etc.).
- 6% are local business leaders.

QIO Efforts to Address Consumer Needs

Every QIO that answered the survey makes an organized effort to consult with and work directly with consumers through a range of activities. For example:

- More than three-quarters of QIOs (83%) serve on consumer coalitions on improving health care.
- Nine out of 10 (93%) QIOs sponsor consumer advisory groups to provide feedback and direction on quality improvement efforts.
- Two out of three QIOs (69%) conduct direct consumer outreach on preventive care and quality of care.

The American Health Quality Association represents the national network of Quality Improvement Organizations that work with hospitals, medical practices, health plans, long-term care facilities, home health agencies, and employers to encourage the spread of best practices and improve systems of care delivery.